

Request for Disbursement / Systematic Withdrawal Form For Non-Qualified Annuities

SECTION 6 - CERTIFICATION (Must be Completed)

☒ Under the penalties of perjury, I certify that my Social Security/Taxpayer identification number on this form is correct, that I am a U.S. person (U.S. citizen or resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Additional IRS penalties that may be imposed by the Internal Revenue Service for failure to furnish the information.

☐ I am a non-resident alien, I have provided (or am providing with this form) Form W-8BEN and included my U.S. taxpayer identification number in order to claim any applicable tax treaty benefits.

I/We/Are aware that there may be tax consequences associated with this transaction. I/We/Are aware that OM Financial Life Insurance Company, affiliates and representatives cannot give tax advice and have been advised to consult an independent tax advisor.

☒ Walter A. Proctor
Owner (Taxpayer) (if corporately owned, include title)

☒ 9-8-08
Date

T2 N, ITIN

☒ 9/8/08
Date

Jc N, ITIN

Ti N, ITIN

A

Other signatures (partners, joint owners, etc.)

☒ V

If corporately owned, signature and title of 2nd corporate officer

Irrevocable Beneficiary, if any

Client understands all tax & penalty implications
This is being done due to a change in financial
situation.

OM Financial Life Insurance Company (Bermuda) Ltd.